

PART B - FEE(S) TRANSMITTAL

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 7590 05/01/2002

Arthur Jacob
 25 East Salem St
 P O Box 686
 Hackensack, NJ 07602



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Arthur Jacob, #19,702

(Depositor's name)

Arthur Jacob
 JUL 24 2002

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/665,025	09/19/2000	Michael B. Sheldon	A-97.72.0	4895

TITLE OF INVENTION: ACETABULAR CUP ASSEMBLY WITH SELECTED BEARING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	08/01/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEWART, ALVIN J	3738	623-022280

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Arthur Jacob

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Howmedica Osteonics Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Allendale, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 15

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☐ A check in the amount of the fee(s) is enclosed.

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(Authorized Signature)

Arthur Jacob

(Date)

7/24/02

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